

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

Chiles Interior Systems
 Attn: Human Resources
 3539 Post Union Rd
 Fairfield, OH 45014

A. Signature

x Jackie Chiles
 B. Received by (Printed Name) *Jackie Chiles*
 C. Date of Delivery *MAY 12 2004*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

USPS

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from sender)

7003 2260 0002 6723 3548

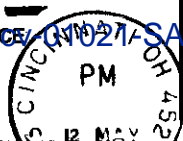
PS Form 3811, August 2001

Domestic Return Receipt

102285-02-M-1540

Doc 14 SAS

00-1021



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK
U. S. DISTRICT COURT
Rm. 324 U. S. Courthouse
5th & Walnut Streets
Cincinnati, Ohio 45202